

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 9960 Mayland Drive, Suite 400
 Richmond, Virginia 23233
 (804) 367-0186



**Boxing & Wrestling
 PROMOTERS PAYOUT REPORT**

Page ____ of ____

1. Date of Event _____ 2. Time of Event _____
2. Time of Event _____
3. Location of Event – City/County _____
4. Event's Virginia License Number 4 1
5. Type of Event ☐ Boxing ☐ Wrestling

APPROVAL	Participant's Name	VA License Number	Stage Name	Amount Contracted to Pay	Participant Initials
I certify all information and computations are correct. Initial _____	Total Paid or Contracted to Pay this Page Enter Amount ?				
	Total Paid or Contracted to Pay Page 2 Enter Amount ?				
	Total Paid or Contracted to Pay Page 3 Enter Amount ?				
Total Number of Participants _____	Grand Total Enter Amount ?				

